Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001984043)))



To:			
	Division of Corp	porations	
	Fax Number :	: (850)617-6383	
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Prom:	Nacoust Wass	: LEGALINC CORPORATE SERVICES INC.	` •
			:
	Account Number		•
	Phone :	: (844)386-0178	_ :
	Fax Number :	: (214)317-4754	

annual report mailings. Enter only one email address please.*

Email	Address:	<u> </u>	 •

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AAB SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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JUN 27 2019



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To: 18506176383 From: 12147128131 Date: 06/26/19 Time: 10:42 AM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000198404 3)))

AAB SERVICES, LLC	
(Name of the Limited Liability Company as it a (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number 1.16000217310	iled on 11/30/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
AB Myers, LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	
	26 E E E E E E E E E E E E E E E E E E E
Enter new mailing address, if applicable:	man hard
(Mailing address MAY BE A POST OFFICE BOX) ———	-
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ddress on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida streot address
	, Florida

New Registered Agent's Signature, if changing Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

To: 18506176383 From: 12147128131 Date: 06/26/19 Time: 10:42 AM Page: 03/04

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

(((H190001984043)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ABIGAIL, BOLDT	3473 S FEDERAL HWY A	
		BOYNTON BEACH, FL 33435	■ Remove
			☐ Change
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